

# Indiana State Board of Health

## CERTIFICATE OF DEATH

PLACE OF DEATH  
 County of Monroe  
 Township of Beaublossom  
 Town of Ellettsville R.F.D. #1  
 or Ellettsville No. 1 St. 1 Ward 1  
 City of Ellettsville  
 Registered No. 72  
 [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]  
 (If death occurs away from USUAL RESIDENCE give facts called for under "Special Information")  
 FULL NAME R. E. Grebb

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male Color or Race White Single Married  
 Married Widowed or Divorced (Write the word)  
 NAME OF HUSBAND OR WIFE (of deceased) Elizabeth Vaughn  
 DATE OF BIRTH (of deceased) March 1 1849  
 (Month) (Date) (Year)  
 AGE 82 years 2 months 10 days If LESS than 1 day, hrs. or min.  
 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employee)  
 BIRTHPLACE OF DECEASED (State or country) Va.  
 NAME OF FATHER John Grebb  
 BIRTHPLACE OF FATHER (State or country) Va.  
 MAIDEN NAME OF MOTHER Elizabeth James  
 BIRTHPLACE OF MOTHER (State or country) Va.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH May 11 1926  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, That I attended deceased from May 1<sup>st</sup> 1926 to May 11 1926  
 that I last saw him alive on May 10 1926  
 and that death occurred, on the date stated above, at 10 P.M.  
 The CAUSE OF DEATH\* was as follows:  
Chronic Interstitial Nephritis  
170 (Duration) yrs. 6 mos. ds.  
 Contributory (Secondary) \_\_\_\_\_ (Duration) yrs. mos. ds.  
 (Signed) Oliver K. Harro, M. D.  
May 11 1926 (Address) Ellettsville  
 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL  
 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death yrs. mos. ds. In the State, yrs. mos. ds.  
 Where was disease contracted, if not at place of death?  
 Former or Usual Residence \_\_\_\_\_

"THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE"  
 (Informant) R. E. Grebb  
 (Address) Ellettsville Ind  
 Filed 3/3 1926  
 Name and Address of Health Officer or Deputy John S. ...

PLACE OF BURIAL OR REMOVAL Chauvinville DATE OF BURIAL May 13 1926  
 UNDERTAKE Ed Shrett WAS THE BODY EMBALMED yes  
 ADDRESS Forrest Ind EMBALMER'S LICENSE No. 1929